This form can be used to join Suffolk County Council’s List of Providers.

This will mean you will be able to offer funded early education entitlement to all 3 & 4 year olds and eligible 2 year olds.

**This form must be completed electronically and submitted via email to** **childcare.planning@suffolk.gov.uk****. \*\*Handwritten forms cannot be accepted.**

|  |  |
| --- | --- |
| **SECTION 1:**  | **Select to agree** |
| **I would like to join Suffolk County Council’s List of Providers.** | [ ]  |
| I confirm that I have read the **Suffolk Agreement for List of Provider Members** and **Suffolk Agreement List of Provider Sections** (found at the link below)<https://www.suffolklearning.co.uk/early-years/list-of-providers/list-of-providers-suffolk-agreement-> | [ ]  |
| **I confirm that I understand and agree to all the requirements of being a member of Suffolk County Council’s List of Providers.** | [ ]  |
| **I agree to supply my bank details separately on business letter headed paper.**Guidance can be found at the link below:<https://www.suffolklearning.co.uk/early-years/list-of-providers/become-an-lop-> | [ ]  |
| **DECLARATION –I am authorised to make this request on behalf of my organisation. I understand that my email will act as evidence of application date and electronic signature once I have submitted this form.** |
| **Applicant/Certifiers Full Name:** |         |
| **Applicant/Certifiers Job Title:** |       |
| **Ofsted Registered Name of Childcare Provision:** |        |
| **Application Date:** |       |
|  |
| **SECTION 2: OFSTED REGISTERED CHILDCARE PROVIDER DETAILS** **(Complete in full)** |
| **Address of Childcare Provider:** |         |
| **Contact Telephone Number:** |        |
| **Contact Email Address:** |        |
| **Ofsted Unique Reference Number (URN):** |        |
| **Judgement of most recent Ofsted Inspection:** |        | **Date of most recent Ofsted Inspection:** |        |

**BELOW IS FOR SUFFOLK COUNTY COUNCIL OFFICE USE ONLY**

|  |
| --- |
| **FAMILY INFORMATION SERVICE USE ONLY** |
| **FIS Operator Initials:** |        | **Date Form Received:** |        |
| **InfoLink Contact ID:** |       |
| **Cluster:** |       |
|  |
| **EARLY YEARS AND CHILDCARE CLUSTER USE ONLY** |
| **Staff Allocated To:** |        | **Date Allocated:** |        |
| **Initial Phone Call Made By:** |       |  **Date of Call:** |        |
| **Outcome of First Call:** |
|       |
| **Initial Pre-LoP Joining Visit Booked:** |       |  **Date of Visit:** |        |
| **Outcome of Visit:** |
| **Please tick to confirm the below has been discussed with the provider and that they understand:**Suffolk Agreement for LoP members and sections [ ] Process for claiming early education funding is via an online portal [ ] Importance of security of children’s information and not sharing login in details [ ] Information/communication will be made available online and electronically [ ] Any other information to be recorded.      |
| **LOP APPLICATION STATUS - Complete one of the following:** |
| **JOINING NEXT TERM (Normal procedure)** | Add term and year       |
| **JOINING THIS TERM (Exceptional circumstance)** | Add term and year       |
| **NOT JOINING** | Add date       |
|  |
| **EYCS FINANCE USE ONLY (date and initial to confirm)** |
| **Dated Joined to LoP:** |        | **LoP Number:** |        |
|  |
| **FAMILY INFORMATION SERVICE ONLY (date and initial to confirm)** |
| **OO Funding Flash Added:** |       | **OO LoP No Added:** |       |
| **OO Funding ticks added:**  |       | **Added to PSG:** |       |
| **OO User manager tags added**  |       | **OO Add admin note to record all changes:** |       |